ACORD, CERTIFICATE OF LIABILITY INSURANCE								
PRODUC Joe PO		ency	THIS CER ONLY AN HOLDER.	TIFICATE IS ISS ID CONFERS IN THIS CERTIFIC	SUED AS A MATTER NO RIGHTS UPON T ATE DOES NOT AMI AFFORDED BY THE I	HE CERTIFICATE END, EXTEND OR		
10.	out ofty, four brace		INSURERS A	INSURERS AFFORDING COVERAGE				
INSURED			INSURER A:	INSURERA: XYZ Insurance Company				
	3C, Inc		INSURER B:					
	ldress		INSURER C:	INSURER C:				
C11	lty, Stats, Zip		INSURER D:					
COVE	ERAGES		INSURER E:	INSURER E:				
THE F ANY I MAY I POLIC	POLICIES OF INSURANCE LISTED BE PREQUIREMENT, TERM OR CONDITION PERTAIN, THE INSURANCE AFFORD ICIES. AGGREGATE LIMITS SHOWN W	ON OF ANY CONTRACT OR OT ED BY THE POLICIES DESCRIBE	HER DOCUMENT WITI ED HEREIN IS SUBJEC' ND CLAIMS.	H RESPECT TO W T TO ALL THE TER	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	MAY BE ISSUED OR		
ISR ADD	DD'LL SRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIM	rs		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUP	XX@@XX	4-1-06	49 4-07	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person)	\$ 500,000 \$ 300,000 \$ 5,000		
				·	PERSONAL & ADV INJURY	\$ 500,000		
					GENERAL AGGREGATE	\$.1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER	1			PRODUCTS - COMP/OP AGG	\$1,000,000		
A	AUTOMOBILE LIABILITY X ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000		
	ALL OWNED AUTOS SCHEDULED AUTOS	XXAAXX	4-1-06	4-1-07	BODILY INJURY (Per person)	\$		
	X HIRED AUTOS X NON-OWNED AUTOS	9	. 1	-	BODILY INJURY (Per accident)	\$		
		_)ampi	الما		PROPERTY DAMAGE (Per accident)	\$		
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$		
	ANYAUTO				OTHER THAN EA ACC	\$		
-					AUTO ONLY: AGG	\$		
	X OCCUR CLAIMS MADE				EACH OCCURRENCE AGGREGATE	\$1,000,000 \$1,000,000		
	A COOCK SOMMONDE	XXXSXX	4-1-06	4-1-07	AGGNEGATE	\$		
	DEDUCTIBLE	٠.				\$		
	RETENTION \$					\$		
	ORKERS COMPENSATION AND IPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER			
ANY	IY PROPRIETOR/PARTNER/EXECUTIVE	•			E.L. EACH ACCIDENT	\$		
	FICER/MEMBER EXCLUDED? /es, describe under			,	E.L. DISEASE - EA EMPLOYEE	\$		
SPE	PECIAL PROVISIONS below THER				E.L. DISEASE - POLICY LIMIT	\$		
0,,,	·							
	TION OF OPERATIONS / LOCATIONS / VEHICL							
The	e City of Billings is	listed as a primary	y additional :	insured.				
	•	*						
				•				
	ė.							
RTIF	FICATE HOLDER		CANCELLATIO	ON				
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
Cit	ty of Billings		DATE THEREOF, 1	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN				
	Box 1178		NOTICE TO THE C	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
	llings, MT 59103		1	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE				
		•						
	1							
ORD	25 (2001/08)	· · · · · · · · · · · · · · · · · · ·			© ACORD CO	RPORATION 1988		

ACORD, CERTIFICATE OF LIABILITY INSURANCE							
PRODUC Jo- PO	cer De Sample Insurance Age D Box 0000	ency	THIS CER ONLY AN HOLDER.	TIFICATE IS ISS ID CONFERS N THIS CERTIFIC	SUED AS A MATTER NO RIGHTS UPON T TATE DOES NOT AMI AFFORDED BY THE I	HE CERTIFICATE END, EXTEND OR	
10	our City, Your State 2	Z1p	INSURERS	INSURERS AFFORDING COVERAGE			
INSURE	ED .		INSURERA:	INSURERA: XYZ Insurance Company			
	SC, Inc		INSURER B:	1			
	dress		INSURER C:	INSURER C:			
Ci	ty, Stats, Zip		INSURER D:	INSURER D:			
OVE	RAGES		INSURER E:	INSURER E:			
THE P ANY MAY POLIC	POLICIES OF INSURANCE LISTED BEL REQUIREMENT, TERM OR CONDITIO PERTAIN, THE INSURANCE AFFORDE ICIES. AGGREGATE LIMITS SHOWN MA	IN OF ANY CONTRACT OR OTHE ED BY THE POLICIES DESCRIBED	R DOCUMENT WIT HEREIN IS SUBJEC CLAIMS.	H RESPECT TO W IT TO ALL THE TER	HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	MAY BE ISSUED OR	
ISR ADD	D'L BRD TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMI	TS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR	xx@@xx	4-1-06	4 1 1 −07	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person)	\$ 1,000,000 \$ 300,000 \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC				PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$ 2,000,000 \$ 2,000,000	
A	AUTOMOBILE LIABILITY X ANY AUTO	XXAAXX	4-1-06	4-1-07	COMBINED SINGLE LIMIT (Ea accident)	\$ 500,000	
	ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS	AXAAXX	4-1-06	4-1-07	BODILY INJURY (Per person)	\$	
	X NON-OWNED AUTOS	Samala	7	·	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
		~unpr	6		(Per accident)	\$	
	GARAGE LIABILITY	•			AUTO ONLY - EA ACCIDENT	s	
	ANY AUTO	•			OTHER THAN EA ACC	\$	
	EXCESS/JMBRELLA LIABILITY X OCCUR CLAIMS MADE	XXXSXX	4-1-06	4-1-07	AGG EACH OCCURRENCE AGGREGATE	\$ 1,000,000 \$ 1,000,000 \$	
	DEDUCTIBLE RETENTION \$,				\$ \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below			·		E.L. DISEASE - POLICY LIMIT		
	HER TION OF OPERATIONS / LOCATIONS / VEHICLE	R / EVCI LISIONS ADDED BY ENDADECIME	ATT (edem a popule)	nuc .	and the state of t		
	e City of Billings is I						
PTIC	FICATE HOLDER		CANCELLATI	ON			
Cit PO	ey of Billings Box 1178 Llings, MT 59103	SHOULD ANY OF DATE THEREOF, NOTICE TO THE C IMPOSE NO OBLI REPRESENTATIVE	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE				
	1		AUTHORIZED REP	KESENIATIVE			
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